

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-876)

SERIAL NO. **107019574** FILING DATE **03 MAY 2002**
APPLICANT(S) *Koenh*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
4			/			
5			/			
6			/			
7			5			
8			/			
9			5			
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49						
50						
TOTAL IND.			3			
TOTAL DEP.						
TOTAL CLAIMS			32			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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